PART B - FEE(S) TRANSMITTAL

Me 5 6 5002 25	this form, together wit	8-	0r <u>F</u>	S P. P. Al ax (70	03) 746-4000	or Patents ginia 22313-1450		
INSTRUCTIONS: This of appropriate. All further co-indicate than less on settled maintenance (ct. liotification	rm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and Proders and notifical process and specifying a	UBLICAT ication of a new corre	ION FEE (if requirements fees visions spondence address	ired). Blocks 1 through 5 will be mailed to the curren; and/or (b) indicating a se	should be completed wh nt correspondence address parate "FEE ADDRESS"	
CURRENT CORRESPONDENCE 24319 7		No Fee	Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.					
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8/30/2005 SFELEKE2 00000009 122252 09960572					Mark Salvatore (Depositor's na			
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APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/960,572	09/960,572 09/21/2001			Pether		00-338 1496.00165	5725	
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APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLI	CATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO		\$1400		\$0	\$1400	09/16/2005	
EXAMINER AR			NIT CLASS-SUBCLASS					
TRAN, T	4 348-675000							
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indican PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT ((print or ty	pe)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	low, no assignee of this form is NO	data will appea T a substitute fo	ar on the por filing an	atent. If an assignassignment.	nee is identified below, the	document has been filed	
(A) NAME OF ASSIGN	EE	(B) RESIDENCE	E: (CITY aı	nd STATE OR CO	UNTRY)		
LSI Logic O	Milpita	Milpitas, California, USA						
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pat	tent):	Individual 🚨 C	orporation or other private g	group entity Governm	
4a. The following fee(s) are		Payment of Fee(s):						
Issue Fee	A check in the amount of the fee(s) is enclosed.							
Publication Fee (No s	Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 12-2252 (enclose an extra copy of this form).							
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Authorized Signature	Date 8/23/2005							
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